

1023361

## 510(k) Summary

DEC 16 2002

### 510(k) Submission Information:

Device Manufacturer: Dade Behring Inc.  
Contact name: Cynthia Van Duker, Manager Regulatory Affairs  
Fax: 916-374-3144  
Date prepared: October 3, 2002  
Product Name: Microdilution Minimum Inhibitory Concentration (MIC) Panels  
Trade Name: MicroScan rapID/S *plus*™ Gram-Negative MIC/Combo panels  
Intended Use: To determine antimicrobial agent susceptibility  
510(k) Notification: Antimicrobials: Gatifloxacin  
Predicate device: MicroScan Dried Gram Negative MIC/Combo Panels

### 510(k) Summary:

MicroScan rapID/S *plus*™ Gram-Negative MIC/Combo Panels are designed for use in determining quantitative and/or qualitative antimicrobial agent susceptibility of colonies grown on solid media of rapidly growing aerobic and facultative anaerobic gram-negative bacilli. The MicroScan rapID/S *plus*™ Gram-Negative MIC/Combo Panels are read on the WalkAway® *SI* System or equivalent (upgraded WalkAway® 40 or WalkAway® 96 instruments).

The antimicrobial susceptibility tests are miniaturizations of the broth dilution susceptibility test that have been diluted in Mueller-Hinton Broth to concentrations bridging the range of clinical interest and are presented in micro-titer wells in dried form. rapID/S *plus*™ panels are inoculated and rehydrated with a standardized suspension of the organism and incubated at 35°C in the WalkAway® *SI* System or equivalent for 4.5 – 18 hours. The minimum inhibitory concentration (MIC) for the test organism is determined by the lowest antimicrobial concentration showing inhibition of growth.

The proposed MicroScan rapID/S *plus*™ Gram-Negative MIC/Combo Panel demonstrated substantially equivalent performance when compared with an NCCLS frozen Reference Panel, as defined in the FDA DRAFT document “Guidance on Review Criteria for Assessment of Antimicrobial Susceptibility Devices”, dated March 8, 2000. The Premarket Notification (510[k]) presents data in support of the MicroScan® rapID/S *plus*™ Gram-Negative MIC/Combo Panel with Gatifloxacin.

The external evaluation was conducted with fresh and stock Efficacy isolates and stock Challenge strains. The external evaluations were designed to confirm the acceptability of the proposed rapID/S *plus*™ Gram-Negative Panel by comparing its performance with an NCCLS frozen Reference panel. Challenge strains were compared to Frozen Results determined prior to the evaluation. The rapID/S *plus*™ Gram-Negative Panel demonstrated acceptable performance with an overall Essential Agreement of 98.8% (399/404) and Categorical Agreement of 96.5% (306/317) compared with the frozen Reference panel.

Instrument reproducibility testing demonstrated acceptable reproducibility and precision with Gatifloxacin with Turbidity inoculum preparation method and the WalkAway® *SI* System or equivalent (upgraded WalkAway® 40 or WalkAway® 96 instruments).

Quality Control testing demonstrated acceptable results for Gatifloxacin.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration  
2098 Gaither Road  
Rockville MD 20850

Ms. Cynthia Van Duker  
Manager Regulatory Affairs  
Dade MicroScan Inc.  
1584 Enterprise Boulevard  
West Sacramento, CA 95691

DEC 16 2002

Re: k023361  
Trade/Device Name: MicroScan® RapID/S *plus*™ Gram-Negative MIC/Combo Panels  
with Gatifloxacin (0.004-16 µg/ml)  
Regulation Number: 21 CFR 866.1645  
Regulation Name: Fully Automated Short-Term Incubation Cycle Antimicrobial  
Susceptibility Devices  
Regulatory Class: Class II  
Product Code: LON  
Dated: October 3, 2002  
Received: October 7, 2002

Dear Ms. Van Duker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

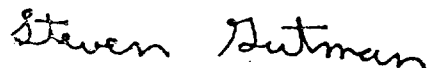
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (301) 594-3084. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,

A handwritten signature in black ink that reads "Steven Gutman". The signature is written in a cursive, slightly slanted style.

Steven I. Gutman, M.D., M.B.A.  
Director  
Office of *In Vitro* Diagnostic Device  
Evaluation and Safety  
Center for Devices and  
Radiological Health

Enclosure

## INDICATIONS FOR USE STATEMENT

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510(k) Number (if known): K 023361

**Device Name:** MicroScan<sup>®</sup> rapID/S *plus*<sup>™</sup> Gram-Negative MIC/Combo Panels with Gatifloxacin (0.004 – 16 µg/ml)

### Indications For Use:

The MicroScan rapID/S *plus*<sup>™</sup> Gram-Negative MIC/Combo Panel is used to determine quantitative and/or qualitative antimicrobial agent susceptibility of colonies grown on solid media of rapidly growing aerobic and facultative anaerobic Gram-Negative bacilli (Enterobacteriaceae, glucose non-fermenters, and non-Enterobacteriaceae glucose fermenters. After inoculation, panels are read on the WalkAway<sup>®</sup> SI System or equivalent (upgraded WalkAway<sup>®</sup> 40 or WalkAway<sup>®</sup> 96) according to the Package Insert.

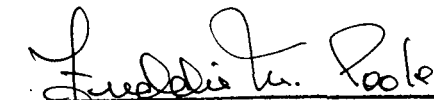
This particular submission is for the antimicrobial Gatifloxacin on the rapID/S *plus*<sup>™</sup> Gram-Negative MIC/Combo Panels.

The Gram-Negative organisms which may be used for Gatifloxacin susceptibility testing in this panel are:

<i>Escherichia coli</i>	<i>Citrobacter freundii</i>
<i>Klebsiella pneumoniae</i>	<i>Enterobacter aerogenes</i>
<i>Proteus mirabilis</i>	<i>Enterobacter cloacae</i>
<i>Acinetobacter lwoffii</i>	<i>Klebsiella oxytoca</i>
<i>Citrobacter koseri</i>	<i>Morganella morganii</i>
<i>Proteus vulgaris</i>	

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)  
Division of Clinical Laboratory Devices

✓ Prescription Use (Per 21 CFR 801.109) 510(k) Number K023361

Over-The-Counter Use \_\_\_\_\_

OR  
(Optional Format 1-2-96)